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Organizational Democracy and Related Factors among Healthcare Workers in Türkiye: A Systematic Review

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Abstract

Aim: The aim of this study was to investigate the relationship between healthcare workers' perceptions of organizational democracy and their sociodemographic and other characteristics in the healthcare sector in Türkiye using a systematic review methodology. **Materials and Methods:** This study was conducted between May 2026 and June 2026 using the systematic review method, a descriptive research approach within quantitative research methods. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analyses statement for systematic review protocols and article reporting. Graduate theses published between January 01, 2000, and June 15, 2026, were included if they involved healthcare personnel as participants and examined the relationship between organizational democracy scores and sociodemographic characteristics and/or other scales. The literature search was performed in the Council of Higher Education (YÖK) National Thesis Center database between May 15, 2026, and June 15, 2026, using the keywords "organizational democracy" and "organizational democracy practice." A total of 56 studies were identified through the search, and after applying the inclusion and exclusion criteria, 8 studies were included in the systematic review. **Results:** The findings indicated that healthcare workers perceived organizational democracy at a moderate level, with the lowest perceptions observed in the dimensions of participation and justice. In contrast, perceptions of transparency and equality were more positive. The findings also suggested that organizational democracy perception was lower among women than men and decreased with increasing length of service. **Conclusion:** Based on these findings, it is recommended that healthcare organizations strengthen employees' perceptions of organizational democracy, particularly regarding justice and participatory leadership, and encourage the participation of experienced personnel in democratic processes.

Keywords: Health professionals, Organizational democracy, Related factors, Sociodemographic characteristics, Systematic review

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Introduction

Healthcare systems are undergoing a profound transformation driven by technological advances, demographic changes, increasing service demands, financial constraints, and growing expectations for quality and accountability. These challenges have simultaneously increased the need for governance approaches capable of improving organizational resilience, workforce engagement, patient safety, and the overall quality of healthcare services. Recent evidence suggests that organizational governance has become a strategic determinant of healthcare performance rather than merely an administrative function.[1,2] Within this context, organizational democracy has emerged as a multidimensional management approach that extends beyond employee participation to include transparency, justice, accountability, and the equitable distribution of organizational power.[3] Contemporary organizational theory increasingly recognizes organizational democracy not only as an ethical value but also as a strategic capability that enhances organizational resilience, innovation, sustainability, and employee well-being.[4,5]

Conceptually, organizational democracy is closely associated with participative management, workplace democracy, employee empowerment, and shared governance, yet it provides a broader governance framework by emphasizing democratic principles throughout organizational structures and decision-making processes.[6,7] Recent studies further suggest that democratic organizational practices generate benefits extending beyond organizational boundaries. The "spillover effect" of workplace democracy indicates that democratic experiences at work may strengthen civic engagement and democratic values in society, whereas democratic organizations have consistently been associated with higher trust, collaboration, organizational learning, and psychological well-being.[8,9] Healthcare organizations represent a particularly relevant context for organizational democracy because healthcare delivery depends on multidisciplinary collaboration, continuous communication, and complex clinical decision-making. Healthcare professionals are expected not only to provide high-quality patient care but also to participate in organizational improvement processes and interprofessional decision-making. Consequently, governance models that strengthen professional participation have attracted increasing attention in contemporary healthcare management literature.[10,11]

Shared governance promotes professional autonomy and shared responsibility by encouraging healthcare professionals to participate actively in organizational decisions, whereas clinical governance emphasizes accountability, quality improvement, and continuous organizational learning.[12-14] Similarly, professional governance frameworks encourage shared leadership, professional accountability, and collaborative decision-making, whereas evidence from magnet-oriented healthcare organizations demonstrates

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that participatory leadership contributes to higher professional satisfaction, stronger organizational commitment, and improved quality of care.[15] These complementary approaches illustrate how democratic governance can contribute to safer, higher-quality, and more sustainable healthcare organizations.

International evidence demonstrates that organizational democracy is positively associated with organizational trust, job satisfaction, organizational commitment, innovation, employee performance, and sustainable organizational development.[4,5,7] Recent evidence from healthcare organizations further indicates that democratic governance strengthens employee engagement, leadership effectiveness, professional autonomy, psychological safety, and organizational resilience, thereby contributing to both workforce sustainability and continuous quality improvement.[2,16,17] In Türkiye, research on organizational democracy has expanded considerably during the last decade, particularly within healthcare, education, and public organizations. Existing studies have examined relationships between organizational democracy and organizational trust, job satisfaction, organizational citizenship behavior, psychological empowerment, burnout, turnover intention, and other organizational outcomes. However, these studies have predominantly employed cross-sectional designs and focused on individual institutions or limited samples. Furthermore, variations in study populations, organizational settings, measurement approaches, and associated variables have made it difficult to draw comprehensive conclusions regarding organizational democracy within the Turkish healthcare system. This fragmentation also limits the translation of empirical findings into governance strategies that may strengthen organizational effectiveness, healthcare quality, and workforce sustainability.[1,10]

Although a previous systematic review synthesized organizational democracy research conducted in Türkiye, it included multiple occupational sectors and did not specifically examine healthcare workers.[18] Healthcare organizations differ substantially from other organizational settings because clinical decision-making requires multidisciplinary collaboration, professional autonomy, accountability, and continuous coordination among healthcare professionals. Therefore, evidence derived from other occupational sectors cannot be directly generalized to healthcare organizations. Consequently, evidence regarding organizational democracy among healthcare professionals remains fragmented and has not yet been synthesized from a healthcare management perspective.

Against this background, the present study systematically reviews research on organizational democracy among healthcare workers in Türkiye following the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) 2020[19] guidelines. Specifically, the review synthesizes the methodological characteristics, measurement approaches, associated variables, and principal findings of the included studies while identifying major evidence gaps and future research priorities. Unlike previous reviews, the present study interprets organizational democracy within the broader perspectives of health governance, shared governance, clinical governance, professional governance, and participatory healthcare management. By doing so, the review conceptualizes organizational democracy not only as an employee participation mechanism but also as a strategic governance capability that supports organizational trust, workforce engagement, institutional resilience, and sustainable healthcare management.

Materials and Methods

The study was conducted between May 2026 and June 2026 using the systematic review method, which is a descriptive research design within quantitative research methods. The study is a focused systematic review covering master's and doctoral theses conducted in higher education institutions in Türkiye. This study was designed in accordance with the systematic review principles recommended in the PRISMA 2020 guidelines.[19] Taken into consideration in the systematic review protocol and in the reporting of the studies. The review protocol was developed before the literature search, and predefined eligibility criteria, screening procedures, data extraction methods, and quality appraisal processes were established to enhance methodological transparency and reproducibility. This systematic review included postgraduate theses indexed in the Council of Higher Education (CoHE) Thesis Center, involving healthcare personnel as participants and examining employees' perceptions of organizational democracy, completed between January 01, 2000, and June 15, 2026. The exclusion criteria were as follows: Studies in which the sample did not consist of healthcare personnel, and studies in which healthcare personnel were included in the sample but their data were not reported separately.

Search Strategy

Initially, the keywords were defined as ("organizational democracy" AND "organizational democracy practices"). The keywords were searched both individually and in combinations between May 15, 2026 and June 15, 2026. Since the study focused on postgraduate theses, the search was conducted in the CoHE National Thesis Center database (https://tez.yok.gov.tr/UlusalTezMerkezi/). The screening, inclusion, and exclusion of these based on eligibility criteria were carried out according to the PRISMA flow diagram [Figure 1] (PRISMA flow diagram 2020). The records identified through the search (n = 56) were first screened for duplicate entries, and no duplicates were found. Subsequently, during title and abstract screening, studies with non-healthcare personnel samples (n = 46) were excluded. The full texts of the remaining 10 studies were reviewed, and 2 studies were excluded because they had mixed samples and did not report healthcare worker data separately (n = 2).

The full texts of the remaining 8 studies were further assessed for eligibility according to the inclusion and exclusion criteria, and all eligible studies (n = 8) were included in the systematic review.

Assessment of Methodological Quality of the Studies

A methodological quality assessment is recommended to identify the potential risk of bias in the design, conduct, and analysis phases of studies included in systematic reviews. The studies included in this systematic review were cross-sectional and analytical in design. Therefore, the Joanna Briggs Institute (JBI) critical appraisal checklist for analytical cross-sectional studies, developed and approved by the JBI and its collaborators, was used for risk of bias assessment.[20] It was observed that the studies largely met the criteria of the checklist, and no studies were excluded due to high risk of bias [Table 1]. Consequently, all studies were included in the systematic review.

Data Extraction

Data extraction was performed using a standardized form to ensure consistency across studies and to facilitate systematic comparison

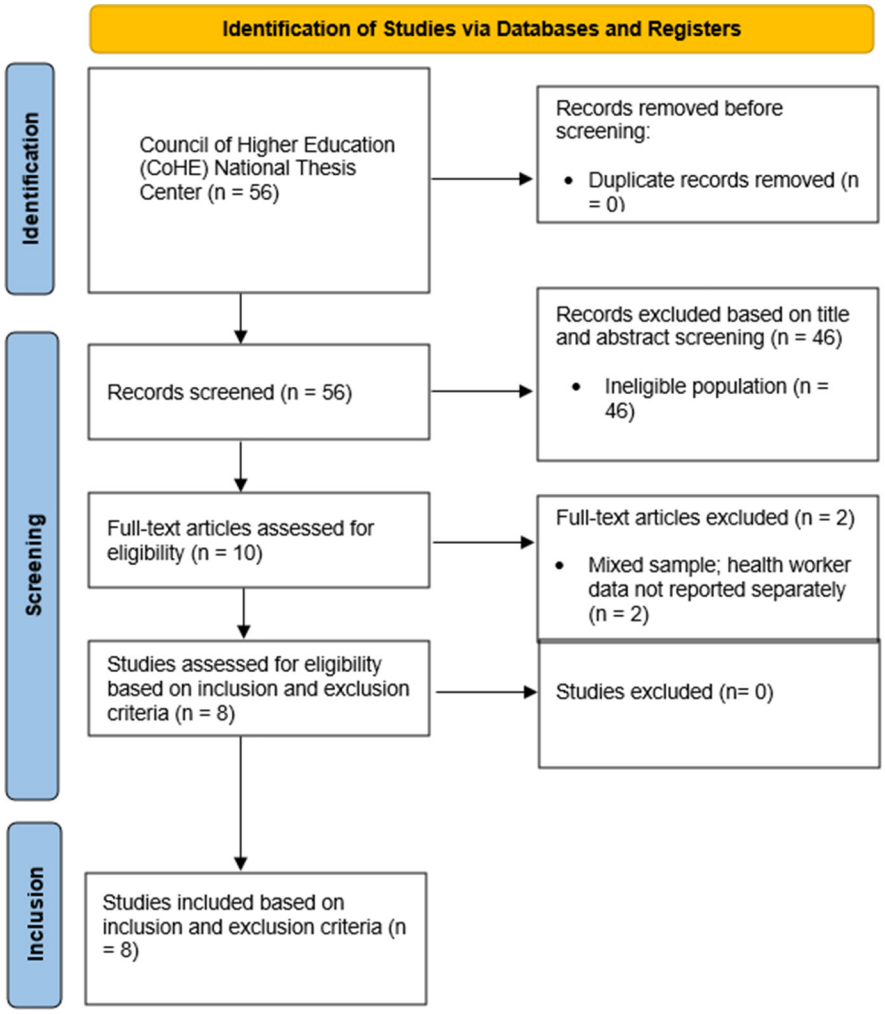

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-analyses flow diagram (2020)

Table 1: Risk of bias assessment of the studies included in the systematic review

Evaluation Criteria: Extent of compliance with the criteria	*Yes (n)*	*No (n)*	*Unclear (n)*
1. Were the criteria for inclusion in the sample clearly defined?	7		1
2. Were the study subjects and the setting described in detail?	1		1
3. Was the exposure measured in a valid and reliable way?	8		
4. Were objective, standard criteria used for measurement of the condition?	8		
5. Were confounding factors identified?	7		1
6. Were strategies to deal with confounding factors stated?	7		1
7. Were the outcomes measured in a valid and reliable way?	8		
8. Was appropriate statistical analysis used?	8		

of methodological characteristics and research findings. The form included the author, year of publication, study design, thesis type, sector type, participant characteristics (sample size, participants' gender, and education level), data collection instruments, and variables indicating the relationship between participants' organizational citizenship behavior scores, sociodemographic characteristics, and other scales.

Results

As shown in Table 2, this systematic review included eight studies conducted with healthcare personnel, comprising four master's theses and four doctoral dissertations. All studies used descriptive and correlational research designs. The total sample size was 2772 (n = 2.772), of whom 62% were female, and 38% were male. Regarding educational level, 15.6% of participants completed high school, 19.0% held an associate degree, 49.4% held a bachelor's degree, and 16.0% completed postgraduate education [Table 2].

Table 3 presents the findings on the relationship between total organizational democracy scale (ODS) scores, ODS subscale scores, and sociodemographic characteristics. To facilitate comparison across studies, sociodemographic variables were synthesized according to the direction and statistical significance of the reported associations. Of the eight studies included in

Table 2: Characteristics and findings of the studies included in the systematic review

Authors/year/ thesis type	*Study design*	*Type of sector and participants' professions*	*Characteristics of participants (sample size/gender/level of education)*	*Data collection tools*	*Study results/organizational democracy scale (ODS) scores and associated factors*
Türkmen 2026.[21] Master's Thesis	Descriptive and relational/ correlational	Health Sector Physician Nurse Midwifery Technician Officer	*n*=188 Women 75.55 (*n*=142) Men 24.5% (*n*=46) High school 4.8% (*n*=9) Associate degree 31.9% (*n*=60) Bachelor's degree 54.3% (*n*=102) Postgraduate degree 9.1% (*n*=17)	Organizational democracy scale Ethical leadership scale Organizational trust scale	- The mean and standard deviation (M±SD) of participants' ODS total score were 2.78±0.87. - There was no statistically significant difference between gender and participants' ODS total score and the subscale scores of participation-criticism, transparency, equality, and accountability (*P*>0.05). - A significant gender difference was found in the justice subscale scores (*P*<0.05), and women had lower justice subscale scores compared to men (*t*=−2.369; *P*=0.021). - Participants with a postgraduate education level had significantly higher ODS total scores compared to those with associate and bachelor's degrees (*P*≤0.05). - Midwives and technicians had significantly higher ODS scores than nurses (*P*<0.05). - Personnel with 11–15 years of professional experience had significantly lower participation-criticism and transparency subscale scores compared to those with less experience (*P*<0.05). - Statistically significant positive relationships were found between the ODS subscales (participation-criticism, transparency, equality, accountability, and justice) and ethical leadership and organizational trust dimensions (*P*<0.05).
Söner 2025.[22] PhD Dissertation	Descriptive and relational/ correlational	Health Sector Physician Nurse Other	*n*=405 Women 56.3% (*n*=228) Men 43.7% (*n*=177) Primary Education 1.5% (*n*=6) High school 16.8% (*n*=68) Associate degree 17.3% (*n*=70) Bachelor's degree 44.7% (*n*=181) Postgraduate degree 19.7% (*n*=80)	Organizational democracy scale Organizational silence scale Lead member engagement scale Turnover intention scale	- The mean total ODS score of the participants was 2.95±0.76. - The mean scores of the ODS subscales were as follows: participation-criticism (2.87±0.91), transparency (3.09±0.96), justice (2.69±0.92), equality (3.15±0.59), and accountability (2.90±0.98). - There was no significant correlation between the total ODS score and organizational silence (r=0.019, *P*>0.05). - A negative, statistically significant, and moderate relationship was found between the total ODS score and turnover intention (r=−0.378, *P*<0.01). - A positive, statistically significant, and moderate relationship was found between the total ODS score and leader–member exchange (r=0.697, *P*<0.01). - A high, positive, and statistically significant relationship was found between the total ODS score and organizational trust (r=0.667, *P*<0.05). - A high, positive, and statistically significant relationship was found between the total ODS score and ethical leadership (r=0.762, *P*<0.05).
Kıran Morkoç 2024.[23] PhD Dissertation	Descriptive and relational/ correlational	Health sector PhysicianNurse Midwifery Technician Officer	*n*=599 Women 67.8% (*n*=406) Men 32.2% (*n*=193) High school 8% (*n*=48) Associate degree 29.7% (*n*=178) Bachelor's degree 46.9% (*n*=281) Postgraduate degree 15.3% (*n*=92)	Organizational Democracy Scale Job Satisfaction Scale Psychological Empowerment Scale	- The mean total ODS score of the participants was 3.03±0.88. - The mean scores of the ODS subscales were as follows: participation-criticism (2.90±1.01), transparency (3.11±1.03), equality (3.40±0.83), justice (2.75±1.03), and accountability (2.95±1.04). - A statistically significant difference was found in the total organizational democracy perception and all subscale scores according to gender, with higher scores among males (*P*<0.05). - A statistically significant difference was found between marital status and only the equality subscale, with married participants showing higher equality scores (*P*<0.05). - ODS scores did not significantly differ according to age groups (*P*>0.05). - Total ODS and subscale scores differed significantly according to educational level, with doctoral degree holders having higher scores (*P*<0.05).

(Contd...)

Table 2: *(Continued)*

Authors/year/ thesis type	*Study design*	*Type of sector and participants' professions*	*Characteristics of participants (sample size/gender/level of education)*	*Data collection tools*	*Study results/organizational democracy scale (ODS) scores and associated factors*
					- A statistically significant difference was found in total ODS and subscale scores according to occupation, with physicians having higher scores (P<0.05). - ODS scores explained 17.9% of the variance in psychological empowerment. - ODS scores explained 58.3% of the variance in job satisfaction. - It was found that ODS had an effect on job satisfaction, and this effect increased when psychological empowerment was included.
Akçiçek 2024.[24] Master's Thesis	Descriptive and relational/ correlational	Health Sector Physician Nurse Technician	n=256 Women 46.9% (n=120) Men 53.1% (n=136) High school 15.2% (n=39) Associate degree 20.3% (n=52) Bachelor's degree 60.2% (n=154) Postgraduate degree 4.3% (n=11)	Organizational Democracy Scale Organizational Commitment Scale Motivation Levels Scale	- The mean total ODS score of the participants was 2.65±0.78. - The mean scores of the ODS subscales were as follows: participation-criticism (2.57±1.00), transparency (2.82±0.94), justice (2.41±0.93), equality (2.87±0.76), and accountability (2.48±0.97). - Participants aged 20–27 had significantly higher participation-criticism scores compared to those aged 28–35 (P<0.05), while no significant differences were found in the other subscales (P>0.05). - No significant relationship was found between ODS scores and gender or marital status (P>0.05). - Participants with a secondary education level had significantly higher participation-criticism scores than those with a bachelor's degree, while their transparency and justice subscale scores were significantly higher than those with postgraduate education (P<0.05). - No significant differences were found in ODS scores according to occupation, unit, or length of employment (P>0.05). - A positive and statistically significant relationship was found between motivation scores and organizational democracy scores; as motivation levels increased, organizational democracy scores also increased (P<0.05).
Güven 2022.[25] Master's Thesis	Descriptive and relational/ correlational	Health sector	n=228 Gender data were not available. High school 21% (n=48) Associate degree 32% (n=73) Bachelor's degree 31% (n=71) Postgraduate degree %16 (n=36)	Organizational democracy scale In-role performance and out-of-role performance scale Psychological confidence scale Psychological Well-Being Scale	- A positive, moderate, and statistically significant relationship was found between ODS scores and in-role performance scores (r=0.376, P<0.01). - A positive, moderate, and statistically significant relationship was found between ODS scores and extra-role performance scores (r=0.396, P<0.01). - In addition, psychological safety and psychological well-being were found to have significant mediating effects on the relationship between ODS scores and both in-role and extra-role performance (P<0.05).
Yıldız 2021.[26] Master's Thesis	Descriptive and relational/ correlational	Health sector Physician Nurse Technician	n=214 Women %57.9 (n=124) Men %42.1 (n=90) High school %18.7 (n=40) Associate degree %28.5 (n=61) Bachelor's degree %52.8 (n=113)	Organizational democracy scale Organizational trust inventory short form	- The mean total ODS score of the participants was 2.90±0.69. - The mean subscale scores of the ODS were participation-criticism (2.75±0.79), transparency (3.27±0.79), justice (2.62±0.80), equality (3.20±0.69), and accountability (2.85±0.91). - No statistically significant differences were found between total ODS and all subscale scores and participants' gender, age, marital status, education level, or occupation (P>0.05).

(Contd...)

Table 2: *(Continued)*

Authors/year/ thesis type	*Study design*	*Type of sector and participants' professions*	*Characteristics of participants (sample size/gender/level of education)*	*Data collection tools*	*Study results/organizational democracy scale (ODS) scores and associated factors*
					- A statistically significant difference was found between the length of employment and total ODS score, as well as participation-criticism, transparency, and justice subscale scores (P<0.05), with lower scores observed among employees with 7–12 years of experience. - A significant, strong relationship was found between total ODS score and overall organizational trust (r=0.709, P<0.01) and its cognitive trust subdimension (r=0.706, P<0.01). - A moderate, positive, and statistically significant relationship was found between total ODS score and emotional trust (r=0.572, P<0.01). - Organizational trust showed a strong positive relationship with the participation-criticism subscale (r=0.620, P<0.01) and moderate positive relationships with transparency (r=0.476, P<0.01), justice (r=0.585, P<0.01), equality (r=0.512, P<0.01), and accountability (r=0.424, P<0.01) subscales of organizational democracy. - The model examining the effect of organizational trust on organizational democracy showed a correlation coefficient of R=0.709 and explained 50.2% of the total variance.
Kuşcu Karatepe 2019.[27] PhD Dissertation	Descriptive and relational/ correlational	Health Sector Nurse	n=300 Women %69 (n=207) Men %31 (n=93) High school %37.7 (n=113) Associate degree %11 (n=33) Bachelor's degree %49 (n=147) Postgraduate degree %2.3 (n=7)	Organizational democracy scale Political sensitivity scale	- The mean total ODS score of the participants was 86.10±20.61. The mean subscale scores were participation-criticism (24.00±6.72), transparency (19.26±5.37), justice (15.00±5.03), equality (19.17±3.63), and accountability (8.70±2.92). - A statistically significant difference was found between the justice subscale scores and gender (p < 0.05), whereas no significant differences were found between gender and total ODS or other subscale scores (P>0.05). - A statistically significant difference was found between marital status and total ODS as well as all subscale scores (P<0.05), with higher scores among single participants. - A statistically significant relationship was found between education level and only the equality subscale (P<0.05), with associate degree graduates scoring higher than master's degree graduates. - Employees in private hospitals had significantly higher total ODS and subscale scores compared to those working in public hospitals (P<0.05). - A weak, positive, and statistically significant correlation was found between political sensitivity and total ODS scores (r=0.256, P<0.01).
Geçkil 2013.[28] PhD Dissertation	Descriptive and Relational/ Correlational	Health Sector Physician Nurse Technician	N = 582 Women %60.3 (n=351) Men %39.7 (n=231) High school %10.5 (n=61) Bachelor's degree %54.8 (n=319) Postgraduate degree %34.7 (n=202)	Organizational democracy scale Organizational citizenship behavior scale	- The mean total ODS score of the participants was 2.59±0.70. The mean subscale scores were participation-criticism (2.47±0.83), transparency (2.70±0.83), justice (2.35±0.87), equality (2.86±0.75), and accountability (2.53±0.97). - A statistically significant difference was found between gender and total ODS as well as the participation-criticism, transparency, justice, and equality subscale scores, with higher scores among male participants (P<0.05). Nurses had significantly lower total ODS, transparency, and justice subscale scores compared to physicians (P<0.05). No statistically significant differences were found in ODS scores according to age or educational level (P>0.05). Total ODS scores decreased as the length of employment in the current workplace increased (P<0.05). - A weak, negative, and statistically significant relationship was found between total and all subscale ODS scores and the altruism subscale of organizational citizenship behavior

(Contd...)

Table 2: *(Continued)*

Authors/year/ thesis type	*Study design*	*Type of sector and participants' professions*	*Characteristics of participants (sample size/gender/level of education)*	*Data collection tools*	*Study results/organizational democracy scale (ODS) scores and associated factors*
					(r=−0.118–0.186, P<0.05). A positive, moderate, and statistically significant relationship was found between total and all subscale ODS scores and the conscientiousness subscale of organizational citizenship behavior (r=0.379–0.682, P<0.05). Positive, moderate-to-strong significant relationships were found between total and all subscale ODS scores and the courtesy subscale of organizational citizenship behavior (r=0.470–0.786, P<0.05). - Positive, moderate-to-strong significant relationships were found between total and all subscale ODS scores and the civic virtue subscale of organizational citizenship behavior (r=0.531–0.892, P<0.05). ODS explained 3.3% of the variance in altruism behavior, with the justice subscale having a significant effect. ODS explained 48.3% of the variance in conscientiousness behavior, with transparency being the strongest predictor. - ODS explained 66.2% of the variance in courtesy behavior, with transparency having the strongest effect. - The organizational democracy scores of employees had no significant effect on the sportsmanship subscale of organizational citizenship behavior (P>0.05). - ODS explained 86.5% of the variance in civic virtue behavior, with participation-criticism being the strongest contributing subscale.

the systematic review, two did not examine the relationship between sociodemographic characteristics and ODS scores.[22,25] In addition, some studies did not assess the relationship between sociodemographic characteristics and the total ODS score,[24,27] whereas others did not examine certain ODS subscales.[27] Considering only the six studies that provided relevant data, two reported a significant association between gender and the total ODS score and the participation, criticism, transparency, and equality subscales; four found a significant association with the justice subscale; and one reported a significant association with the accountability subscale. In all cases where a significant relationship was identified, male participants had higher ODS scores than female participants (P < 0.05).

Regarding marital status, one study reported higher total ODS scores and higher participation-criticism, transparency, and accountability subscale scores among married participants, whereas two studies found higher justice and equality scores compared to single participants (P < 0.05). Among six studies providing relevant data, three reported significant associations between educational level and participation-criticism, transparency, justice, and equality subscales, whereas two reported associations with accountability and total ODS scores (P < 0.05). Overall, ODS and subscale scores tended to increase with higher educational attainment, except in one study where associate degree graduates had higher equality scores than bachelor's degree graduates (P < 0.05).[27]

Regarding occupation, three of five studies reported higher justice and total ODS scores among physicians or lower scores among nurses, whereas two studies found differences in transparency and accountability, and one study reported differences in participation-criticism and equality in favor of physicians (P < 0.05). For age, only one of five studies reported a significant association, specifically higher participation-criticism scores in the 20–27 age group (P < 0.05). Regarding years of employment, four of five studies reported significant associations with total ODS scores. Significant differences were also observed in participation-criticism and transparency in four of six studies, in justice in five of six, in equality in three of six, and in accountability in two of six studies (P < 0.05). Although categorized differently across studies, findings generally indicated lower ODS total and subscale scores among participants with 10–15 years of work experience.

The evidence map developed through the synthesis of findings from the studies included in this systematic review is presented in Figure 2. The figure provides a comprehensive framework that illustrates the core dimensions of organizational democracy, associated organizational variables, key outcomes within healthcare institutions, and the research gaps identified in the existing literature.

The evidence map illustrates that organizational democracy functions as an integrative organizational construct linking democratic governance principles with leadership, organizational attitudes, employee outcomes, and institutional performance.

Discussion

Principal Findings

This systematic review synthesizes the available evidence on organizational democracy among healthcare workers in Türkiye and reveals three principal findings. First, healthcare professionals generally perceive organizational democracy at a moderate level,

Table 3: Relationship between participants' total ODS and subscale scores and sociodemographic characteristics

Associated factors	*Participation-criticism*	*Transparency*	*Justice*	*Equality*	*Accountability*	*ODS total*
Gender	2 (+)*	2 (+)*	4 (+)*	2 (+)*	1 (+)*	2 (+)*
	4 (–)	4 (–)	2 (–)	4 (–)	5 (–)	3 (–)
	2 (NA)	2 (NA)	2 (NA)	2 (NA)	2 (NA)	3 (NA)
Marital status	1 (+)**	1 (+)**	2 (+)**	2 (+)**	1 (+)**	1 (+)**
	5 (–)	5 (–)	4 (–)	4 (–)	5 (–)	4 (–)
	2 (NA)	2 (NA)	2 (NA)	2 (NA)	2 (NA)	3 (NA)
Education Level	3 (+)***	3 (+)***	3 (+)***	3 (+)***	2 (+)***	2 (+)***
	3 (–)	3 (–)	3 (–)	3 (–)	4 (–)	3 (–)
	2 (NA)	2 (NA)	2 (NA)	2 (NA)	2 (NA)	3(NA)
Profession	1 (+)****	2 (+)****	3 (+)****	1 (+)****	2 (+)****	3 (+)****
	4 (–)	3 (–)	2 (–)	4 (–)	3 (–)	1 (-)
	3 (NA)	3 (NA)	3 (NA)	3 (NA)	3 (NA)	4 (NA)
Age	1 (+)					
	4 (––)	5 (–)	5 (–)	5 (–)	5 (–)	4 (–)
	3 (NA)	3 (NA)	3 (NA)	3 (NA)	3 (NA)	4 (NA)
Years of study	4 (+)*****	4 (+)*****	5	3	2 (+)*****	4 (+)*****
	2 (–)	2 (–)	(+)*****	(+)*****	4 (–)	1 (–)
	2 (NA)	2 (NA)	1 (–)	3 (–)	2 (NA)	3 (NA)
			2 (NA)	2 (NA)		

(+) There is a meaningful relationship; (–) No meaningful relationship; (NA) No information available. *Men's scores are high; **Singles have high ratings; ***Those with high education levels; ****Physicians' high/Nurses' low; *****11–15 years, 7–12 years, those who are more than 10 years and low as the working year increases. ODS: Organizational democracy scale

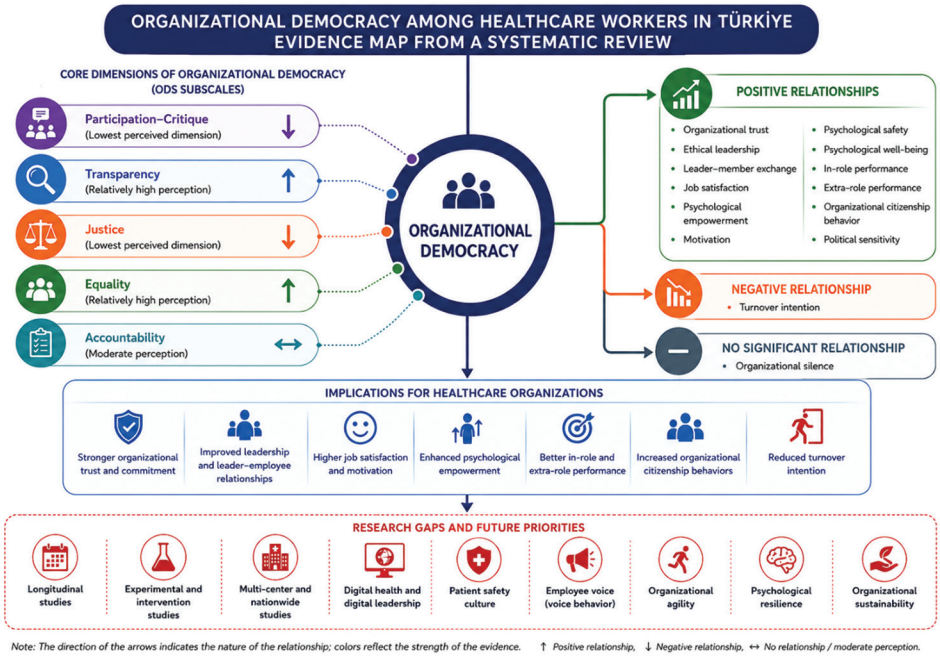

Figure 2: Evidence map of the systematic review findings

suggesting that democratic management practices have been partially institutionalized but remain insufficiently embedded in healthcare organizations. Second, participation in decision-making and organizational justice consistently emerged as the weakest dimensions of organizational democracy, whereas transparency and equality were perceived more positively. This pattern indicates that although information sharing and equitable organizational practices have improved, employees continue to experience limited influence over managerial decision-making processes. Third, organizational democracy demonstrated consistent positive relationships with organizational trust, ethical leadership, leader–member exchange, psychological empowerment, job satisfaction, motivation, employee performance, and organizational citizenship behaviors, while showing a negative relationship with turnover intention. These findings collectively suggest that organizational democracy functions not merely as a participatory management approach but as a multidimensional governance capability that supports both employee well-being and organizational effectiveness. These findings collectively support the growing view that organizational democracy should be regarded as a strategic organizational resource rather than solely as a participatory management approach. In healthcare

organizations, democratic governance creates an organizational environment that facilitates knowledge sharing, interdisciplinary collaboration, professional empowerment, and adaptive organizational learning, all of which are essential for delivering safe and high-quality healthcare services.[1,2]

Another important observation is that organizational democracy appears to be more strongly associated with organizational characteristics than with individual demographic attributes. While findings regarding gender and age were inconsistent, education level, professional role, and organizational experience demonstrated relatively more consistent relationships with democratic perceptions. This suggests that organizational context and managerial practices may play a more decisive role than individual characteristics in shaping employees' perceptions of democracy within healthcare organizations. Overall, the findings indicate that strengthening participation, organizational justice, and inclusive governance may represent important priorities for improving democratic organizational cultures in Turkish healthcare institutions. This observation further supports the argument that organizational democracy is primarily shaped by organizational culture, leadership practices, and governance structures rather than by immutable demographic characteristics of employees.

Comparison with Previous Literature

The findings of this systematic review are largely consistent with the contemporary organizational democracy literature, which increasingly conceptualizes democracy as a strategic governance capability rather than merely a mechanism for employee participation. Recent theoretical developments argue that democratic organizational practices enhance organizational resilience, learning capacity, innovation, and long-term sustainability.[4,5] The evidence synthesized in this review supports this perspective by demonstrating consistent associations between organizational democracy and organizational trust, ethical leadership, psychological empowerment, job satisfaction, employee performance, and organizational citizenship behaviors. Collectively, these findings suggest that democratic governance contributes to organizational effectiveness through multiple interrelated organizational processes rather than through participation alone. The present findings are also consistent with healthcare governance studies demonstrating that participatory governance structures improve professional engagement, organizational commitment, and quality improvement initiatives across healthcare organizations.[10,11]

A particularly robust finding concerns the relationship between organizational democracy and organizational trust. This result is consistent with previous international studies indicating that democratic workplaces foster trust, collaboration, and stronger organizational commitment.[7,9] Similarly, the positive associations observed between organizational democracy, ethical leadership, and leader–member exchange reinforce the argument that democratic governance depends not only on formal organizational structures but also on leadership behaviors that encourage participation, transparency, and mutual accountability.[8] These findings support the view that organizational democracy should be understood as both a structural and relational characteristic of effective organizations. Similarly, evidence from nursing governance research indicates that healthcare professionals working within shared governance environments report stronger perceptions of organizational trust, professional autonomy, and leadership effectiveness.[15]

The present review also extends previous knowledge by interpreting organizational democracy within established healthcare governance frameworks. The relatively low scores observed for participation in decision-making indicate that the participatory principles underpinning shared governance have not yet been fully institutionalized across Turkish healthcare organizations. Likewise, the comparatively weaker perceptions of organizational justice and accountability suggest that democratic governance remains an important challenge for healthcare institutions seeking to strengthen quality improvement and organizational learning, which represent central principles of clinical governance.[12-14] Furthermore, the positive relationships identified between organizational democracy, psychological empowerment, and organizational citizenship behaviors closely resemble the characteristics associated with Magnet Hospitals, where participatory leadership, professional autonomy, and empowered employees contribute to high-quality patient care. Likewise, Magnet-oriented healthcare organizations emphasize empowered professionals, participatory leadership, decentralized decision-making, and shared accountability. The positive relationships observed between organizational democracy, organizational trust, psychological empowerment, and job satisfaction identified in the present review closely resemble these internationally recognized characteristics of high-performing healthcare organizations.

An important contribution of this review lies in its healthcare-specific perspective. While previous reviews have synthesized organizational democracy research across multiple occupational settings, this study focuses exclusively on healthcare workers and demonstrates that democratic governance is closely associated with organizational and professional outcomes that are particularly relevant to healthcare organizations. By integrating organizational democracy with health governance, shared governance, and clinical governance, the review provides a broader conceptual interpretation that extends beyond traditional organizational behavior research. Rather than viewing organizational democracy solely as a participatory management approach, the findings support its conceptualization as a governance capability capable of strengthening organizational trust, workforce engagement, leadership effectiveness, and institutional sustainability within contemporary healthcare systems.

Practical Implications for Healthcare Management

The findings of this systematic review have important implications for healthcare managers and policy-makers seeking to strengthen organizational performance through democratic governance. The consistent associations identified between organizational democracy and organizational trust, ethical leadership, psychological empowerment, job satisfaction, employee performance, and organizational citizenship behaviors indicate that democratic management should be regarded as a strategic component of healthcare governance rather than solely as a human resource practice. Consequently, promoting organizational democracy has the potential to improve both employee well-being and organizational effectiveness. Healthcare organizations should also consider establishing formal shared governance

councils, interdisciplinary advisory committees, and structured employee participation mechanisms to facilitate democratic decision-making across organizational levels.

The review further suggests that healthcare organizations should prioritize governance mechanisms that encourage meaningful employee participation in managerial and clinical decision-making. Because participation in decision-making and organizational justice emerged as the weakest dimensions across the reviewed studies, managers should focus on creating transparent decision-making processes, strengthening accountability, and ensuring fair organizational procedures. Practical strategies may include multidisciplinary governance committees, structured employee consultation mechanisms, transparent performance evaluation systems, and regular feedback processes that enable healthcare professionals to contribute to organizational decisions. These approaches are likely to reinforce organizational trust while fostering a more inclusive organizational culture.

The findings also highlight the importance of leadership development. Given the strong relationships between organizational democracy, ethical leadership, and leader–member exchange, leadership development programs should emphasize participatory leadership, transparent communication, shared decision-making, and organizational justice alongside traditional managerial competencies. Integrating these principles into leadership training may facilitate the implementation of democratic governance throughout healthcare organizations. Such leadership development initiatives may also strengthen organizational resilience by improving communication, employee engagement, and organizational adaptability during periods of organizational change and increasing service demands.

Finally, the findings support closer integration between organizational democracy and contemporary healthcare governance initiatives. Rather than being implemented as isolated employee participation programs, democratic governance principles should be embedded within organizational quality improvement systems, shared governance structures, clinical governance frameworks, and broader institutional strategies aimed at workforce sustainability and patient-centered care. Such an integrated approach may strengthen organizational resilience while supporting continuous improvement in healthcare quality and organizational performance.

This review synthesizes organizational democracy research among healthcare workers in Türkiye using PRISMA 2020, but cross-sectional designs and limited context restrict causal inference and generalizability. Future studies should use longitudinal, multicentre designs and examine interventions and emerging healthcare governance outcomes. Integrating democratic governance into existing healthcare quality systems may therefore create important synergies between organizational performance, workforce sustainability, patient safety, and continuous quality improvement.

Conclusion

This systematic review provides the first comprehensive synthesis of organizational democracy research conducted among healthcare workers in Türkiye. The evidence indicates that organizational democracy is generally perceived at a moderate level, with participation in decision-making and organizational justice representing the principal areas requiring improvement. Across the reviewed studies, organizational democracy was consistently associated with organizational trust, ethical leadership, psychological empowerment, job satisfaction, employee performance, and organizational citizenship behaviors, underscoring its contribution to both employee well-being and organizational effectiveness.

By integrating organizational democracy within the broader framework of health governance, this review extends existing knowledge beyond employee participation and highlights democratic governance as a strategic organizational capability. The evidence map developed in this study further provides an integrated framework for understanding current evidence and future research priorities. Overall, strengthening participation, transparency, accountability, and organizational justice may enhance organizational resilience, workforce sustainability, and healthcare quality. Organizational democracy should therefore be recognized as a core component of contemporary healthcare management and sustainable health system development.

Healthcare organizations should strengthen participatory leadership, transparency, accountability, and organizational justice, as embedding democratic governance into organizational management may enhance workforce retention, organizational resilience, and overall healthcare quality.

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Author Contribution

The author performed all stages of the study and prepared the manuscript.

References

1. Hastings S, Armitage G, Mallinson S, Jackson K, Suter E. Exploring the relationship between governance mechanisms in healthcare and health workforce outcomes: A systematic review. BMC Health Serv Res 2014;14:479.
2. Tsapnidou E, Kelesi M, Rovithis M, Katharakis G, Gerogianni G, Dafogianni C, *et al*. Transformational leadership-quality achievements and benefits for the healthcare organizations: A scoping review. Hospitals 2024;1:87-103.
3. Geçkil T, Tikici M. A study on developing the organizational democracy scale Amme İdaresi Dergisi 2015;48:41-78.
4. Battilana J, Beckman CM, Yen J. On democratic organizing and organization theory. Adm Sci Q 2025;70:297-327.
5. Unterrainer C, Weber WG, Höge T. Organizational democracy. In: Bal M, editor. Elgar Encyclopedia of Organizational Psychology. Cheltenham: Edward Elgar Publishing; 2024. p. 434-40.
6. Frega R. Employee involvement and workplace democracy. Bus Ethics Q 2021;31:360-85.
7. Weber WG, Unterrainer C, Jønsson TF. Editorial: Organizational democracy, organizational participation, and employee ownership: Individual, organizational and societal outcomes. Front Psychol 2023;14:1135138.
8. Rybnikova I. Spillover effect of workplace democracy: A conceptual revision. Front Psychol 2022;13:933263.
9. Unterrainer C, Weber WG, Höge T, Hornung S. Organizational and psychological features of successful democratic enterprises: A systematic review of qualitative research. Front Psychol 2022;13:947559.
10. Deborah Brennan DN, Lori Wendt BS. Increasing quality and patient outcomes with staff engagement and shared governance. Online J

Issues Nurs 2021;26:1.
11. Hamdan M, Jaafar AH. The impact of shared governance model's implementation on professional governance perceptions of nurses in Saudi arabia: A randomised controlled trial. J Nurs Manag 2024;1:7263656.
12. Macfarlane AJ. What is clinical governance? BJA Educ 2019;19:174-5.
13. McKnight H, Moore SM. Nursing shared governance. In: StatPearls. Florida: StatPearls Publishing; 2026.
14. Tumala RB. Clinical nurses' involvement in decision-making process at the nursing unit-based council level: A cross-sectional study of shared professional governance in the Kingdom of Saudi Arabia. Nurs Rep 2025;15:426.
15. Ali KA, Helal WE. Existence of professional nursing governance and leadership competency. Int J Novel Res Healthc Nurs 2018; 5:464-75.
16. Geckil T, Tikici M. Hospital employees' organizational democracy perceptions and its effects on organizational citizenship behaviors. Asian Pac J Health Sci 2016;3:123-36
17. Geçkil T, Ileri YY, Kaya ŞD, Karadağ Ş. The relationship between organizational democracy perceptions and organizational psychological capital levels of physicians and nurses. Int J Recent Adv Organ Behav Decis Sci 2016;2:818-35
18. Geçkil T. Perceived organizational democracy and associated factors: A focused systematic review based on studies in Turkey. Front Psychol 2022;13:767469.
19. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, *et al*. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. Int J Surg 2021;88:105906.
20. Moola S, Munn Z, Tufanaru C, Aromataris E, Sears K, Sfetcu R, *et al*. Systematic reviews of etiology and risk. In: Aromataris E, Munn Z, editors. Joanna Briggs Institute Reviewer's Manual. Ch. 7. The Joanna Briggs Institute; 2017. Available from https://jbi-global-wiki.refined.site/space/MANUAL/355863557/Previous+versions?attachment=/download/attachments/355863557/JBI_Reviewers_Manual_2020June.pdf&type=application/pdf&filename=JBI_Reviewers_Manual_2020June.pdf#page=217. Last accessed [2026 Jun 05]
21. Türkmen H. Sağlık Çalışanlarında Etik Liderlik, Örgütsel Güven ve Örgütsel Demokrasinin İncelenmesi: Bir Kamu Hastanesinde Uygulama (Tez No. 994777) [Yüksek lisans Tezi, Kahramanmaraş Sütçü İmam Üniversitesİ]. Ulusal Tez Merkezi; 2026.
22. Söner F. Örgütsel Demokrasinin Örgütsel Sessizlik ve İşten Ayrılma Niyeti Üzerindeki Etkisi: Lider-Üye Etkileşiminin Düzenleyici Rolü (Tez No. 996876) [Doktora tezi, İstanbul Sabahattin Zaim Üniversitesi]. Ulusal Tez Merkezi; 2025.
23. Kıran Morkoç İ. Hastanelerde Örgütsel Demokrasi Algısının iş Tatminine Etkisinde Psikolojik Güçlendirmenin Aracılık Rolü: Bilecik ili Örneği (Tez No. 903120) [Doktora Tezi, Sakarya Üniversitesi]. Ulusal Tez Merkezi; 2024.
24. Akçiçek H. Sağlık Kurumlarında Örgütsel Demokrasinin, Örgütsel Bağlılık ve Çalışan Motivasyonu Üzerindeki Etkisi (Tez No. 883253) [Yüksek lisans tezi, Kahramanmaraş Sütçü İmam Üniversitesi]. Ulusal Tez Merkezi; 2024.
25. Güven YE. Örgütsel Demokrasi Algısının Rol İçi Ve Rol Dışı Performansa Etkisi: Psikolojik Güven ve Psikolojik İyi Oluşun Aracı Rolü (Tez No. 737035) [Yüksek lisans tezi, Başkent Üniversitesi]. Ulusal Tez Merkezi; 2022.
26. Yıldız Ş. Örgütsel Güven ve Örgütsel Demokrasi İlişkisi: Sağlık Çalışanlarına Yönelik bir Araştırma (Tez No. 709036) [Yüksek Lisans Tezi, Sakarya Üniversitesi]. Ulusal Tez Merkezi; 2021.
27. Kuşcu Karatepe H. Hemşirelerde Politik Duyarlılık Ve Örgütsel Demokrasi Algısı Arasındaki İlişkinin Belirlenmesi (Tez No. 549879) [Doktora tezi, İstanbul Üniversitesi-Cerrahpaşa]. Ulusal Tez Merkezi; 2019.
28. Geçkil T. Örgütsel Demokrasi İle Örgütsel Vatandaşlık Davranışları Arasındaki İlişki: TRB1 Bölgesindeki Üniversite Hastanelerinde Bir Uygulama (Tez No. 364706) [Doktora Tezi, Cumhuriyet Üniversitesi]. Ulusal Tez Merkezi; 2013.